



Medical/Rx – Plan Highlights



*The deductible includes all eligible copays and coinsurance amounts.

*The deductible is embedded

**The out-of-pocket maximum includes the deductible all eligible non-Rx copays and coinsurance amounts. Rx has a separate maximum.

GHT WCA Group Trust Medical Plan In-Network UHC ChoicePlus Network		GHT WCA Group Trust Medical Plan Out-of-Network Coverage
Annual Deductible*	\$1,000 Single \$2,000 Family	N/A
Medical Annual Out-of-Pocket Maximum**	\$1,975 Single 3,950 Family	N/A
Plan Coinsurance	90%	N/A
Primary Care Office Visit/ including Chiropractic	\$25 Copay, Deductible +90%	No Coverage
Preventive Exams	100%, Deductible waived	
Specialist Office Visit	\$50 Copay, Deductible +90%	
Lab & X-ray	Deductible +90%	
Teladoc Visits (Gen Med, Behavioral Health & Dermatology)	100%, Deductible waived	
Urgent Care	\$40 Copay, Deductible +90%	
Inpatient Hospital	Deductible +90%	
Emergency Room	\$150 Copay, Deductible waived (Copay waived if admitted)	



Prescription Drug– Plan Highlights

GHT WCA Group Trust Medical Plan In-Network Coverage		GHT WCA Group Trust Medical Plan Out-of-Network Coverage
Rx Out of Pocket Maximum	\$1,000 Single \$2,000 Family	N/A
Retail Prescription Drugs (30 days)		
Generic	\$15 Copay	No Coverage
Preferred Brand Name	\$45 Copay	
Non Preferred Brand Name	\$60 Copay	
Preferred Specialty (limited to 30 days)	\$100 Copay	
Mail-Order Prescriptions (90 days)		
Mandatory for Maintenance Rx?	YES after 2 fills or retail Copays increase to \$20/\$60/\$90 for 30 days	
Generic	\$30 Copay	No Coverage
Preferred Brand Name	\$90 Copay	
Non Preferred Brand Name	\$120 Copay	
Preferred Specialty	N/A	